

MEDICATIONS

STATEMENT OF PURPOSE:

Schools must assure that medications administered to students are done so in a way that assures safety and compliance with state law and school policies and procedures.

AUTHORIZATION/LEGAL REFERENCE:

[16 V.S.A. § 1387](#) – Possession and Self Administration of emergency medication
<http://legislature.vermont.gov/statutes/section/16/031/01387>

State Board of Education [Rule 4200, et seq.](#), Student Safety, Prescription Drugs
http://education.vermont.gov/documents/4100_4200.pdf
<http://education.vermont.gov/new/html/board/rules.html>

[26 V.S.A. § 1571-1575](#) - Vermont Nurse Practice Act:
<http://legislature.vermont.gov/statutes/chapter/26/028>

Vermont State Board of Nursing Position Statements <https://www.sec.state.vt.us/professional-regulation/professions/nursing/position-statements.aspx>

- [Role of the Nurse in Delegating Nursing Interventions](#) (2014)
- [The Role of the Nurse in the Administration of Homeopathic Drugs, Herbal Medicine Products, and Dietary Supplements](#) (2013)
- [Responsibilities of the Nurse in Complementary and Alternative Medicine](#) (2013)
- [Determining RN/LPN Scope of Practice plus Decision Tree](#)

[26 V.S.A. § 2021-2080](#) - Pharmacy 1: General Provisions
<http://legislature.vermont.gov/statutes/fullchapter/26/036>

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

Only the school nurse/associate school nurse, the student's parent/guardian, or the school nurse's/associate school nurse's delegatee (Unlicensed Assistive Personnel [UAP]) may administer medication in the school setting.

1. Assure the safe administration of medication in the school setting and on school field trips.
 - For prescription medication: secure written orders from the prescribing licensed provider detailing the name, dosage, route, frequency, diagnosis and reason for giving; written permission from the parent/guardian; and the medication must be in a container appropriately labeled by the prescribing licensed provider or pharmacy.
 - Orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders in accordance with state law.
2. If verbal orders are used, they are to be used infrequently.
 - Verbal orders can only be accepted by a nurse authorized to do so in accordance with the lead RN.
 - All orders including verbal orders must establish the ID of the licensed provider/practitioner; have clear

- protocols for effective communication; read-back verification must be implemented with each order to assure prompt documentation of the verbal order.
- A verbal order is valid for one dose until signed and dated by the prescribing licensed provider, including date of medication end.
 - See sample verbal order fax form for use by Licensed School Nurses or Licensed Associate School Nurses
3. Do not use abbreviations (Legal Issues in School Nursing 2015, Conference Proceeding, March 28, 2015, Vermont State School Nurses, Burlington, Vermont)
 4. See List of Error Prone Abbreviations: <http://ismp.org/Tools/errorproneabbreviations.pdf>
 5. For non-prescription medication, secure written permission from the parent/guardian; medication must be in the appropriately-labeled original container.
 6. Develop a system for using [2 student identifiers](#) when giving a medication to any person. For Example, 2nd grader Jonny A. Smith comes daily for Adderall 5 mg at 12:30 pm – you also have a Jonny B. Smith in 5th grade. “Please tell me your name” Are you the Jonny Smith that loves ice cream or the Jonny Smith that does dirt bike racing?” Create a system that you and the student use every time. (<http://www.ismp.org/communityRx/aroc/files/KEI.pdf>)
 7. Develop school and or district procedures, and assist in policy development for the proper administration of medications and the reporting of medication incidents (see incident report below).
 8. Develop individual healthcare plans with needed procedures for students receiving the medications requiring specific instructions or activities related to the medication.
 9. Provide training, support, supervision and evaluation to those designated UAPs to administer medications.
 10. Provide designated UAP with information, including possible adverse effects, of medications being administered to a student in his/her care.
 11. Document medication administration and medication errors and place in the student’s permanent health record.
 12. Review new prescription medications before medications can be given by the designated UAP.
 13. Maintain communication with the parent/guardian and medical home concerning the medication and the student’s response to the medication.

RESOURCES:

- American Nurses Association – [The Online Journal of Issues in Nursing](#) (2010)
www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No2May2010/Delegation-in-the-School-Setting.html
- Bonsall, Lisa, (2011). 8 Rights of Medication Administration. Lippincott Nursing Center.com Retrieved 12/19/2014 at <http://www.nursingcenter.com/Blog/post/2011/05/27/8-rights-of-medication-administration.aspx>

CDC - Basic - Medication Safety Program (2014) –
www.cdc.gov/medicationsafety/basics.html

Council on School Health (COSH) - Policy Statement—Guidance for the Administration of Medication in School,
Vol. 124 No. 4 October 1, 2009, pp. 1244 -1251, (doi: 10.1542/peds.2009-1953) Retrieved from
<http://pediatrics.aappublications.org/content/124/4/1244.abstract>

Institute for Safe Medication Practices
<http://ismp.org/>

CMS -- 42 CFR 482.23 - Condition of participation: Nursing services
www.law.cornell.edu/cfr/text/42/482.23

Medical errors and the Institute of Medicine (IOM) (2006)
<http://www.iom.edu/Reports/2006/Preventing-Medication-Errors-Quality-Chasm-Series.aspx>
(Retrieved 12/31/14)

National Association of School Nurses – www.nasn.org

National Center for Biotechnology Information, U.S. National Library of Medicine

- Patient Safety and Quality: An Evidence-Based Handbook for Nurses
 - [Chapter 37 Medication Administration Safety](#)
 - www.ncbi.nlm.nih.gov/books/NBK2656/

National Council of State Boards of Nursing - <https://www.ncsbn.org/index.htm>
NCSBN RESEARCH BRIEF Volume 56 | May 2012, https://www.ncsbn.org/12_MACE_KSA_Vol56_1.pdf

The National Medication Errors Reporting Program (ISMP MERP)
www.ismp.org/orderforms/reporterrortoismep.asp

Two Patient Identifiers: www.ismp.org/communityRx/aroc/files/KEI.pdf

Vermont Department of Health – Act 68 (2014) <http://healthvermont.gov/local/school/SchoolHealth-ClinicalPreventiveWellness.aspx#allergy>

- Asthma Resources: <http://healthvermont.gov/prevent/asthma/tools.aspx#actionplan>
- Physician Profiles – Board of Medical Practice:
http://healthvermont.gov/hc/med_board/profiles.aspx
- Stock Epinephrine and the Treatment of Life Threatening Allergies:
<http://healthvermont.gov/local/school/SchoolHealth-ClinicalPreventiveWellness.aspx#allergy>
- Naloxone: opioid use prevention in Vermont:
<http://healthvermont.gov/adap/treatment/naloxone/index.aspx>
- Use of intranasal naloxone for suspected opioid overdose with severe respiratory depression (2014):
http://healthvermont.gov/adap/treatment/naloxone/documents/EMR_naloxone_use_memo.pdf
- EMR Intranasal Naloxone
(2014):http://healthvermont.gov/adap/treatment/naloxone/documents/EMR_intranasal_naloxone_protocol_education.ppt

Vermont State Board of Nursing - <http://www.vtprofessionals.org/opr1/nurses/>

Vermont State Board of Pharmacy – Statutes and Rules

<https://www.sec.state.vt.us/professional-regulation/professions/pharmacy/statutes-rules.aspx>

SAMPLE POLICES, PROCEDURES AND FORMS:

- [Asthma Action Plan: http://healthvermont.gov/prevent/asthma/documents/asthma_action_plan.pdf](http://healthvermont.gov/prevent/asthma/documents/asthma_action_plan.pdf)
- Fax form for Verbal Medication Orders for RN use only
- Field Trip Emergency Information and Medical Form
- Medication Administration Training in the School Setting
- Medication Incident Report
- Medication Logs x 2
- Medication Protocol
- Medication Protocol for Field Trip
- Parent Permission for Administration of Non-prescription Medications
- Prescription Medication Order and Permission Form
- Vermont School Board Association
 - [Model Policy on Administration of Medication in the Schools Setting, 6/30/2008](#)
 - www.vtvsba.org/policy/f6.html

See Section 22 a: Medication and Procedure Management for Out of State Field Trips

SCHOOL NAME

ADDRESS
TELEPHONE
FAX**VERBAL MEDICAL ORDER – only for School Nurse/Associate School Nurse use**

TO: _____ Student Name/DOB

Faxed orders with licensed provider electronic signature and initialed by sending RN is/ is not acceptable (please circle your choice)

New MEDICATION, SERVICE And/or TREATMENT ORDERED

For meds specify details, including end date:

Start Date	End Date	MEDICATION <u>CHANGES</u> Medication Name	Strength of med.	Dose	Route	Time

Page ____ of ____

SCHOOL NURSE: _____

SIGNATURE/TITLE OF SCHOOL NURSE ACCEPTING ORDERS:

_____ DATE: _____

PRINTED NAME OF Licensed Provider: _____ DATE: _____

SIGNATURE OF Licensed Provider: _____

This order is valid for one dose only until signed and dated by licensed prescribing provider

Field Trip Emergency Information and Medical Form

Fill this form out at the beginning of the year and with every field trip outside the boundaries of the Supervisory Union

Name of student _____ DOB _____

Address _____ Home phone # _____

Name of parents/ Guardian/caregiver _____

Phone# _____ Cell# _____

Guardian/Caregiver _____ Phone# _____ Cell# _____

Emergency Information different than parents:

Name _____ Phone# _____ Cell# _____

Name _____ Phone# _____ Cell# _____

List health problems that may affect your child during this field trip:

List any known allergies including food, environmental and medication.

List any medications needed during this field trip:

Any prescription medication not taken in school must be delivered in the original container with written permission from the prescribing medical provider and the parent. Over the counter medication must be in the original container with written parental permission only.

The school nurse/associate school nurse will designate an adult on the trip to carry and dispense medication needed during the field trip. The school nurse/associate school nurse can provide the medication normally taken at school to that adult.

My child may receive any emergency medical care deemed necessary while on this field trip. Every effort will be made to notify the parent/guardian if emergency treatment is necessary.

Date _____ Signature of parent/guardian _____

**The school nurse/associate school nurse will not be going on this field trip
Contact the school immediately with any changes in information**

Medication Administration Training in the School Setting

1) TO BE SIGNED BY Designated MEDICATION Unlicensed Assistive Personnel (UAP):

I have been instructed on the proper administration of medications by the school nurse. I have read and understand the medication procedures attached to this form. Also I have practiced administering the following medications with supervision by the school nurse/associate school nurse.

Name _____ Date _____

Designated Medication UAP

I have instructed _____ on the eight rights of medication administration:

___ Right child

___ Right dose

___ Right medication

___ Right reason

___ Right time

___ Right response

___ Right route (mouth, ears, eyes, skin) ___ Right documentation

Medications: 1.

2.

3.

4.

2) TO BE SIGNED BY SCHOOL NURSE/ASSOCIATE SCHOOL NURSE:

I have observed _____ administering the above medication(s) and certify it was done in accordance Vermont State Board of Nursing Nurse Practice Act and Delegation Decision Tree.

Name _____ Date _____

School Nurse/Associate School Nurse

Signature: _____

Medication Incident Report

A medication incident is defined as: failure to administer the prescribed medication within the appropriate timeframe, in the correct dosage, in accordance with accepted practice, to the correct student (<http://www.ncbi.nlm.nih.gov/books/NBK2656/>). See attachment/appendix

Date of report: _____ School: _____ Prepared by: _____

Student's Name: _____ D.O.B.: _____ Sex: _____ Grade: _____

Home Address _____ Telephone _____

Date incident occurred: _____ Time: _____

Person administering medication: _____

Licensed prescriber: _____

Name/address

Reason medication was prescribed: _____

Date of order: _____ Instructions for administration: _____

Medication: _____ Dose: _____ Route: _____ Scheduled time: _____

Describe the incident and how it occurred (use reverse side if necessary)

Action taken:

Licensed prescriber notified: Yes ___ No ___ Date ___ Time _____

Parent/Guardian notified: Yes ___ No ___ Date ___ Time _____

Other persons notified: _____

Outcome:

Name _____ Title _____ Date _____

Signature _____

INDIVIDUAL MEDICATION LOG

NAME: _____ DOB _____ GRADE/CLASS: _____

LICENSED PROVIDER: _____ TEACHER: _____

MEDICATION: _____

DOSAGE AND TIME: _____

DRUG INFORMATION: use language from AOE statute: 4222.1

1. PURPOSE: _____

2. SIDE EFFECTS: _____

3. DRUG INTERACTIONS: _____

INITIAL/SIGNATURE _____

DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME

MEDICATION RECORD: ADMINISTRATION--PHYSICIAN'S ORDER
SCHOOL, VERMONT

School Year: _____

Student: _____ DOB: _____ Teacher: _____ Room: _____

Medication, Route: _____ Physician: _____ Phone: _____

Date, Dose, Time: _____ Physician Address: _____

Date, Dose, Time: _____ Comments: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

INITIAL	NAME	CODES
_____	_____	_____ = WEEKEND F = FIELD TRIP H = HOLIDAY
_____	_____	D = EARLY DISMISSAL W = DOSE WITHHOLD O = NO SHOW
_____	_____	A = ABSENT N = NONE AVAILABLE

Medication Procedure

1 of 2 pages

1. Make sure you have:

a. For prescription medication:

- Written permission from both the parent and the medical provider
- Medication in a current pharmacy-labeled bottle
- Written procedure for accepting verbal phone or faxed orders that include appropriate verification, verbal restatement and follow-up documentation and parent/caregiver notification.

b. For non-prescription medication:

- Permission: written, phone or e-documentation (in student health record) from the parent
- Medication is in original store-labeled bottle or container

2. A student's first dose of any medication they have not taken before should occur at home. Successive doses given at school for the first time need to be reviewed by the school nurse before administration of the medication.

3. If designated UAP has questions, and the school nurse cannot be reached, contact the medical home or a licensed medical provider with an established patient relationship with the student.

4. Prepare a medication log sheet for the medication log book and staple written permissions slips from parent and doctor to the medication sheet for the student.

5. Check student health record for allergies to medicines.

6. Observe good hand washing practices prior to administering medications.

7. Check to see if you have observed the eight rights for medication administration (Bonsall, 2011). Do you have the:

- right medication
- right child
- right time
- right route (mouth, ears, eyes, skin)
- right dose
- right reason
- right response
- right documentation

8. Identify the student and give medication.

9. Record that you have given the medication on the medication sheet in the medication book.

10. Medication box should be locked when not in use or you leave the area.

11. If for any reason a child does not receive their medication or does not receive it at the appropriate time School Nurse will take appropriate action.

Medications cannot be given without the proper permissions. Notify the parent if you cannot for some reason get permission from the medical provider and therefore cannot give the medicine. If medication comes in without appropriate permission slip you must complete the following: For prescription medicine

Medication Procedure

For prescription medication

- Call the provider to obtain information and verify order with a FAX to follow up. Gather information about; name of medication, dose, time/frequency to administer.
- Call the parent to obtain verbal permission to administer one dose with written permission to follow.
- In the medication log book on the back of the medication sheet for this particular medication or use a separate sheet of paper. Date and initial any of the above information collected. Staple this information to the medication sheet if necessary. When written permission slips come in, staple them to the back of the medication sheet as well.

For non-prescription medicine

- Only parental permission is needed. Call the parent and get permission to administer today's dose only. No further medication can be given if written permission from the parent is not obtained on the following day.
- Document your conversation with the parent; name of the student, the name of the parent you called, the name of the medication, the dose, the time and frequency as well as instructions regarding needed permission slip discussed and parent verbalized understanding.
- With permission in place the medication may be administered and recorded with the date and time given and your initials on the front of the medication sheet.

Medicine that cannot be identified cannot be administered at school.

- If medication comes to the health office unlabeled, call the parent and explain that medication which is not identified by its properly labeled packaging cannot be given at school.

non-prescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary

If electronic health records (EHR) are used, document according to computer program, filing copies of all orders and permission forms, in student paper health record or scanning into EHR.

Medication Procedure for Field Trips

1 of 2 pages

- The school health office should be notified of any daytime field trip two weeks in advance; overnight field trip notification should be **ONE** month in advance.
- Medications, usually taken at home, but required for overnight field trips shall meet the same requirements for safe medication administration within the school setting.
- The trained school personnel, (designated UAP), responsible for the administration of medication shall pick up medications on the morning of the scheduled trip.
- The medication will be in a properly labeled container with the date and time that it is to be given. Every effort will be made to obtain a correctly labeled container from the pharmacy (see unforeseeable, below).
- The trained school personnel administering the medication shall receive training by the school nurse/associate school nurse. The training shall cover the safe administration of medication. The school nurse/associate school nurse and the designated UAP shall sign the dated delegation-training authorization. The designated UAP shall be given a copy of the medical order, and a medication fact sheet.
- All medications, including over-the-counter medications, shall be given to the adult designated by the school nurse/associate school nurse. Exceptions to this policy are those medications deemed "rescue drugs" such as Insulin, epinephrine auto-injectors and rescue inhalers. Written permission shall be on file for any student to carry self-administering medications.
- The designated UAP shall verify the medication delegation by noting the date, time and their initials following administration of the specific medication. If for any reason a student does not receive the medication within a reasonable time, the designated UAP shall notify the parent and school nurse/associate nurse and complete a medication incident report.
- This procedure shall be followed in both day and overnight field trips.

Medication Procedure for Field Trips

2 of 2 pages

When unforeseeable circumstances make it impossible to obtain the correct container an RN may place a medication in an envelope for administration/observation by an approved adult.

- *The envelope label must include:*
 - *Student's Name*
 - *Date of Birth*
 - *Medication Name*
 - *Drug Strength*
 - *Dose*
 - *Time*
 - *Route [inhaled/ oral]*
 - *Any specific instructions*
 - *If there is more than one medication to give at the same time, each drug in the envelope shall be identified by its description. For example, if at 8 am the student gets Adderall and Amoxicillin then the pills must be clearly identifiable, (i.e. the blue round pill imprinted with the # 15 on it is..... And the white oblong and scored tablet)*

In the absence of an RN the school will need to arrange for the parent/caregiver to provide a properly labeled pharmacy container.

ACCOUNTING FOR CONTROLLED SUBSTANCES --

- *If the medication is being returned to the student's adult parent/caregiver, with written parental permission, the school personnel shall ensure that the correct name and amount of medication or number of pills is documented and signed off by the designated school personnel AND by the receiving adult.*
 - *Controlled Substances will be counted and documented before returned to the adult and signed as described above.*
 - *The count for Controlled Substances shall be reconciled: for example the number of pills originally received in the container shall equal the number to doses given at school plus the number of pills currently in the container. Personal communication:*

Ronald J. Klein, RPh, Executive Officer, Vermont Board of Pharmacy, E-mail dated 12/22/14.

Vermont Board of Pharmacy

For questions or to contact the board, email or call: [Aprille Morrison](mailto:amorris@sec.state.vt.us) | 802-828-2373
amorris@sec.state.vt.us 4/2015

PERMISSION FOR NON-PRESCRIPTION MEDICATION*_____
Child's Name/DOB_____
Grade_____
Date

- The school nurse must have this **completed form** before medication will be given at school.
- An **adult** must bring the medication to school.
- Medication must be in the original **manufacturer's container**. Loose medication in plastic bags will not be accepted.
- The school nurse must approve and administer the **first dose** of any medication given at school.
- The school nurse may delegate administration of subsequent doses to another school staff member.
- All medicine must be **kept in the nurse's office**.

I give permission for the medication below to be given to my child at school by the school nurse or her designee.

Medication _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason medication is being given _____

Signature of Parent or Guardian _____

Date Received _____ Signature of School Nurse _____

non-prescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary

PRESCRIPTION MEDICATION ORDER AND PERMISSION FORM

- The **school nurse** *must* have this **completed form** before medication will be given at school.
- The school nurse must approve and administer the **first dose** of any medication given at school.
- The school nurse may delegate administration of subsequent doses to another school staff member.
- A **parent/adult** must bring the medication to school in an **appropriately labeled pharmacy container**.
- All medicine must be **kept in the nurse's office** unless the health care provider, parent and administrator have given permission for the student to keep the medication for self-administration.

Name of Child/DOB_____
Grade_____
Date**Medication Order:**

Medication _____ Strength _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason for medication _____

Healthcare Provider Signature _____

Parent's permission for:

- Health care provider may share information

I give permission for _____ to share information with
Healthcare provider

School nurse/s, _____ RN, concerning my child's medication(s).

- Medication to be given at school

I give permission for the medication prescribed above to be given to my child at school by the school nurse or nurse's designee.

Parent or Guardian Signature _____